

2026 Student Annual Health checkup Form

* Please fill in the thick lines by yourself.

Name		Faculty	· Bachelor · Graduate · Other	Grade	Age	Student ID number	
Have you already answer the Mental Health Inventory? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please scan the QRcode and answer it.					Anthropometry Height cm		
Do you have any prior medical history? (Major past illness, surgery, trauma, etc.) · NO · YES If Yes, check all your deseases from the following and fill in the age you got it in parentheses.			Blood pressure ① (Max.) / (Min.) ② (Max.) / (Min.) Subjective symptoms of hypotension YES NO		Weight kg		
<input type="checkbox"/> Cardiac illness () <input type="checkbox"/> Arrhythmia () <input type="checkbox"/> Kidney disease () <input type="checkbox"/> Liver disease () <input type="checkbox"/> Tuberculosis () <input type="checkbox"/> Pneumothorax () <input type="checkbox"/> Bronchial asthma () <input type="checkbox"/> Atopic dermatiti () <input type="checkbox"/> Pollen allergy and allergic rhinitis () <input type="checkbox"/> Other allergies (food, chemicals and so on) () <input type="checkbox"/> Epilepsy () Hearing loss () <input type="checkbox"/> Other (disease name : the age :)			Internal medicine examination Heart sound · Heart murmur (Detailed exame required) · Diagnosed []				
Do you have some allergies or pypersensitivity? · YES · NO ① If YES, check in the parentheses. Foods() Medicines() Others() ② What were the symptoms? · Rash · Dyspnea · Others []			Urinalysis Please submit on the day of the medical examination.		Chest x-ray No.		
Are you being treated regularly for any health problems at a hospital or clinic? · YES · NO If YES, fill in the name of the problem or the medicatal institution you are currently going. ()			Have you ever been informed of any health problem during a medical checkup? · YES · NO ① If YES, when were you told it? · Elementary school · Junior high school · Senior high school · College or University ② What kind of check was it then? · Cardiac sounds · Electro-cardiogram · Blood pressure · Urinalysis · Chest X-ray · Other ③ Did you take any re-examination after that? · YES · NO ④ What were the results? []		Comprehensive diagnosis · Re-examination · Medical institution referral · Other []		
Have you ever lost consciousness or fallen down? · YES (Times? :) · NO			Chest heaviness and difficulty breathing are common. · YES · NO				
Abdominal pain, nausea, diarrhea, or constipation may persist. · YES · NO			Dizziness and lightheadedness are common. · YES · NO				